CANDIDATE/OFFICEHOLDER CAMPAIGN FINANCE REPORT

4552

FORM C/OH
COVER SHEET PG 1

The COH Instruction Quice explains how to complete in this form. Candidate			T	
OFFICE USE ONLY NAME NCANNIE LAST JEFFEY MATCH ADDRESS (POBOX. APT. SLATE. DITY. STATE 2P CODE ADDRESS Crange of Address		ON GUIDE explains how to complete	1 ACCOUNT# (Etnics Commission filers)	2 Total pages filed:
A CANDIDATE / OFFICE HOLD DRA APT SUITE / CITY STATE 2P CODE ADDRESS IPD BOX APT SUITE / CITY STATE 2P CODE ADDRESS AUSTIN TX 78732 Change of Address AUSTIN TX 78732 P. [[] AND TX 78732 P. [[] AND TX 78732 P. [[] Date Pricessage Date Income Date Income Code Pricessage Code Pricessa	OFFICEHOLDER		4	OFFICE USE ONLY
4 CANDIDATE / OFFICEHOLDER ADDRESS /POBOX. API SUITE. CITY STATE ZIP CODE ADDRESS / OFFICEHOLDER ADDRESS / OFFICHADOLDER ADDRESS / OFFICEHOLDER ADDRESS / OFFICHADOLDER ADDRESS	INC STREET		Suffix	
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CAMPAIGN TREASURER NAME TREASURER TREASURER NAME TREASURER TREAS	—			5 7
TREASURER NAME LAST JUNY ANN NICKNAME LAST JUNY HILL STATE JOHE PROFESSION Date Processed Date image: Date image: Date processed Date image: ABEA CODE PHONE NUMBER EXTENSION From I		Mus	The state of the s	The same of the sa
Date Processed Date Image: CAMPAIGN TREASURER ADDRESS (NO PO BOX PLEASE) APT SUITE #. CITY. STATE. ZIP CODE CAMPAIGN TREASURER ADDRESS (Residence or business) CAMPAIGN TREASURER PHONE CAMPAIGN TREASU	TREASURER			
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TREASURER ADDRESS (Residence or business) (ASTY COMMNUTE TR. AUSTAN TX 78732 7 CAMPAIGN TREASURER PHONE (SIZ)		1.7-01	25.25	
TREASURER PHONE SIZ GSG-SOYS	TREASURER ADDRESS	/ SILL COMANCHE TR		
January 15 John day before election Bunoff Strict can page treasurer appointment (officeholder only) Bith day before election Exceeded \$500 hm1 Final report (Attach C/OH - FR) Primary Month Day Year John Day Year THROUGH THRO	TREASURER		EXTENSION	
9 PERIOD COVERED Month Day Year THROUGH Z / 14 CO 10 ELECTION DATE ELECTION TYPE Month Day Year Drimary Runoff General Specia 11 OFFICE OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) CONSTAISTE PRECINCT Z TANTS CO. 13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS ** Direct campaign expenditures are campaign expenditures made by others without the candidates a prior consent or approval Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure ** Name Address / PO Box. Apt. / Suite #: City. State: Zip Code	8 REPORT TYPE			appointment (officeholder only)
THROUGH Z / I COVERED 10 ELECTION DATE Month Day Year ON Primary Runoft General Special		July 15 8th day before election	Exceeded \$500 hm t	Final report (Attach CrOH - FR)
Month Day Year Primary Runoff General Specia 11 OFFICE OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) CONSTAISTE MECTNET 2 TANTS CC. 13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS 14 Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure are Name Address / PO Box. Apt. / Suite #; City. State; Zip Code			·	
11 OFFICE OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) CONSTAISE PRECTNET 2 TANDISCO. 13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS Address / PO Box. Apt. / Suite #; City. State; Zip Code	10 ELECTION	Month Day Year		
DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. Name Address / PO Box. Apt. / Suite #: City. State; Zip Code		03/14/00 Primary	Aunoff	General Special
CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS ** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ** Name Address / PO Box. Apt. / Suite #; City. State; Zip Code	11 OFFICE	OFFICE HELD (if any)		
INDIVIDUALS Address / PO Box. Apt. / Suite #; City. State; Zip Code	CAMPAIGN EXPENDITURE	 Direct campaign expenditures are campaign expen Candidates are required to disclose this information or 	iditures made by others without the cand hig if they receive notification of the direc	idate's prior consent or approval it campaign expenditure - ↔
		Name		
pulsa.		Address / PO Box. Apt. / Suite #; City. State; Zi	ip Code	
additional pages	additional pages			
GO TO PAGE 2		GO TO F	PAGE 2	

CANDIDATE / OFFICEHOLDER REPORT: **SUPPORT & TOTALS**

FORM C/OH COVER SHEET PG 2

C/OLL NIAME		15 ACCOUNT # (Ethics Commission fiers)
C/OH NAME		
SUPPORTING POLITICAL COMMITTEE(S)	 This listing includes political expenditures by political committees to support the candidate have been made without the candidate's or officeholder's knowledge or consent. Candidates an information only if they receive notice of such expenditures. 	/ officeholder. These expenditures may d officeholders are required to report this
	COMMITTEE NAME	
	GENERAL COMMITTEE ADDRESS	
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME	
additiona pages	O DYMITTEE CAMPAIGN TREASURER ADDRESS	
NO REPORTABLE ACTIVITY	Check here dinn reportable activity occurred during this reporting period. (Jigo affidavil bex	ow and submit pages 1 and 2 only)
CONTRIBUTION TOTALS	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES LOANS, OR GUARANTEES OF LOANS) UNLESS TEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3 TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS UNLESS ITEMIZE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$
AFFIDAVIT		
	Liswear, or affirm junger penalty of p is true and correct and includes all in me under Title 15. Election Code.	perjury, that the accompanying report offormation required to be reported b
	Signature of Cand	idate or Officeholder
AFFIX NOTARY STAM		
Swom to and subscribe	d before me, by the said this the	day of
19, to certify v	vhich, witness my hand and seal of office.	
	dministering oath Print name of officer administering oath T	itle of officer administering oath
Signature of officer a	Oministening Oath	Revised 0611

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1 (FOR FORMS C/OH & SPAC)

The Instruction	ON GUIDE explains how to complete this form.		1 Total pages this	Schedule A1:
2 FILER NAM	E JEFFREY W. HILL		3 ACCOUNT # (Et	tics Commission filers)
4 Date	5 Full name of contributor 6 Contributor address; City; State; Zip Code	ut of state PAC	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	46 E Marcin M.	1/6227	50.ω	1
9 Principal occu	pation (Optional)	10 Employer (Option	aJ)	
Date	Full name of contributor	Out of state PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)
1/31/w	Contributor address; Crty; State; Zip Code (1-) (1) Cil Mountain h.	Austu 7x	250.00	
Principal occu	pation (Optional)	Employer (Option	aJ)	
Date	Full name of contributor	out of state PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		; ;	
Principal occup	pation (Optional)	Employer (Optiona	(لا	
Date	Full name of contributor	Out of state PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			
Principal occup	pation (Optional)	Employer (Optiona	<u> </u>	
Date	Full name of contributor	out of state PAC	Amount of contribution (\$)	fn-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		i 1 1	
Principal occup	ation (Optional)	Employer (Optiona])	
lf contrl	ATTACH ADDITIONAL COPIES butor is out-of-state PAC, please see instru			ng requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1 (FOR FORMS C/OH & SPAC)

The Instruction	N GUIDE explains how to complete this form.		1 Total pages this	Schedule A1:
2 FILER NAME	JEFFREY W. HILL		3 ACCOUNT # (Et	nics Commission filers)
4 Date	5 Full name of contributor Shall Hell	out of state PAC	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
//16/00	6 Contributor address; City: State; Zip Cod		* 50.	[!
9 Principal occup	pation (Optional)	10 Employer (Option	al)	
Date	Full name of contributor Light State: Zip Code	out of state PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)
1 1, 51 05	684 Emarch to auch	TX 78132	<i>) 0</i> .	
Principal occup	pation (Optional)	Employer (Option	al)	
Date 1 / 2 4 / UU	Eghtname of conjugations of contributor address; City; State; Zip Code	01: of state PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	ation (Optional)	Employer (Option	(LE	
Date	Full name of contributor Am Nelf Contributor address: City; State; Zip Code } } Authorized M. M.	out of state PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	ation (Optional)	Employer (Optiona	<u>'</u>	
Date // 24/W	Full name of contributor Ed Moun Contributor address; City; State; Zip Code	Out of state PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	ation (Optional)	Employer (Optiona	μ)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS

SCHEDULE A1 (FOR FORMS C/OH & SPAC)

The Instruction	N GUIDE explains how to complete this form.		1 Total pages this	Schedule A1.
2 FILER NAME			3 ACCOUNT # (EII	nics Commission feers)
4 Date	5 Full name of contributor Who Kill 6 Contributor address; City: State; Zip Code Who has Hollow do. Au		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable
9 Principal occup	pation (Optional)	10 Employer (Option	onal)	
Date	Full parme of contributor Level at Hall Hall Contributor address; City; State; Zip Code 2 World of Lenny SQL is	Out of state PAC	Amount of contribution (\$)	In-kind contribution description (if applicable
Principal occuj	pation (Optional)	Employer (Option	nal)	
Date / // (0)	Full name of contributor Authority Contributor address; City; State: Zip Code SIX I) www. Abollow A.	cut of state PAC 78734 Auchs TA	Amount of contribution (\$)	In-kind contribution description (if applicable
Principal occup	pation (Optional)	Employer (Optic	nnal)	
Date // U Q	Full name of contributor Patrick O. Rull Contributor address; City; State; Zip Code 1603 Wintern Rd. Www.		Amount of contribution (\$)	In-kind contribution description (if applicable
Principal occup	pation (Optional)	Employer (Optic	onal)	
Date ///6/07	Full name of contributor Ungela Dillen Contributor address; City; State; Zip Code / Jan Contributor A.	out of state PAC When TX 71732	Amount of contribution (\$)	In-kind contribution description (if applicable
Principal occur	pation (Optional)	Employer (Optic	nnal)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements. P.O. Box 12070

(512) 463-5800

PLEDGED CONTRIBUTIONS				SCHEDULE B		
The Instruction	אס Guide explains how to com	plete this form.		1 Total pages this So	hedule B1	
FILER NAM	E			3 ACCOUNT # (Ethics Commission filers)		
тот	AL OF UNITEMIZED F	PLEDG ES :	\$ \$ \$ \$	~ ⇔	\$	
Date	6 Full name of pledgor		out of state PAC	8 Amount of pledge (\$)	9 In-kind description (if applicable)	
	7 Pledgor address.	्रात्यः State:	Zip Code			
Principal occu	pation (optional)		11 Employer (option	onal)		
Date	Full name of pledgor		out of state PAC	Amount of pledge (\$)	In-kind description (if applicable)	
	Pledgor address;	Сту, State.	Zip Code			
Principal occu	ipation (optional)		Employer ropti	onal)		
Date	Full name of pledgor		out of state PAC	Amount of	In-kind description	
Sus	Pledgor address.	City State;	Zip Code	pledge (\$)	(if applicable)	
Principal occu	upation (optional)		Employer (apti	onal)		
Date	Full name of pledgor		Out of state PAC	Amount of pledge (\$)	In-kind description (if applicable)	
	Pledgor address:	City, State;	Zip Code		ı	
Pnncipal occi	upation (optional)		Employer (opt	i ional)		
Date	Full name of pledgor		out of state PAC	Amount of pledge (\$)	In-kind description (if applicable)	
	Pledgor address	City; State;	Z _I p Code		 - 	
	supation (optional)		Employer (op	tional)	!	

LOANS				SCHEDULE E
The Instruction Gu	IDE explains how to complete this form.		1 Total pages Sche	equie E
2 FILER NAME	Jul/ NIO		3 ACCOUNT # (Et	hics Commission filers)
TOTAL OF U	NITEMIZED LOANS:	ವ ರ ರ ರ	ರ ೮	S
5 Date of loan 6 Is lender a financial Institution?	1	uln TY 78730)	9 Loan Amount (\$) 10 Interest rate
Y (N)	6814 Comandit.			: 11 Maturity date
12 Description of Collate	L			
13 GUARANTOR INFORMATION	14 Name of guarantor			16 Amount Guaranteed (\$)
not applicable	15 Guarantor address: City; State;	Zıp Code		
17 Principal Occupation		18 Employer		
Date of loan	Name of lender	Out of state PAC		Loan Amount (\$)
Is render a financial Institution?	Lender address City. State,	Zip Code		Interestrate
Y N				Maturity date
Description of Collate	ral		<u> </u>	
GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)
not applicable	Guarantor address, City, State,	Zip Code		
Principal Occupation		Employer	-,	
	ATTACH ADDITIONAL CO	PIES OF THIS FORM A	S NEEDED	

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

P.O. Box 12070

POLITICAL EXPENDITURES		SCHEDULE F
The Instruction Guide explains how to complete this form.	1 Total pages	s Schedule F
2 FILER NAME JULY MAIL	3 ACCOUNT	# (Ethics Commission filers)
4 Date 5 Payedhame		7 Amount (\$)
2/7/00 6 Payee address: City: State: Zip Code 6 Clenin auch 1x	78752 Check # 1005	8/4.58
8 Purpose of expenditure All for unstable Myne	9 • Complete if direct expenditure to bene Candidate / difficeholded name	Office squart chair Contable Mexical 2
Date Payee name The Payee address; City: State; Zip Code	1135N Orl Johns	Amount (\$)
Che	L +1 /W6	
Ayn mounting muteral	→ Complete if direct expenditure to bene Candidate / Officeholder name ()	Office sought ched Chutille Precent
Date Payee name Amply Payee address; City: State: Zip Code		Amount (\$)
	Check # 1007	
Purpose of expenditure	→ Complete if direct expenditure to benel Candidate / Officeholder name	Jone Sydn Feld for Constable
Payee name US Poul Office Payee address; City: State; Zip Code	Chest # 1008	Amount (\$)
Purpose of expenditure Myramil dinibulyer Amplification	Complete if direct expenditure to beneficial candidate / Officeholder name	office sought seld
ATTACH ADDITIONAL CODIES	OF THIS FORM AS NEEDED	

	CAL EXPENDITURES FROM PERSONAL FUNDS		SCHEDULE G
The Instruction	אס Guide explains how to complete this form.	1 Total pages Sch	edule G
2 FILER NAM	IE JURIU	3 ACCOUNT # (E	thics Commission filers)
4 Date	5 Flagee haine	<u> </u>	8 Amount (\$)
1/29/00	Same Praybus 6 Payee address: City; State: Zip Code 630 Carrier 1540;	27	1540.93
	7 Parpose of expenditure Use 4X8 Name	7)	Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code		Amount (\$)
	Purpose of expenditure		Reimbursement from political contributions intended
Date	Payee name Payee address; City: State; Zip Code		Amount (\$)
	Purpose of expenditure		Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code		Amount (\$)
	Purpose of expenditure		Reimbursement from political contributions intended
Date	Payee name Payee address; City; State: Zip Code		Amount (\$)
	Purpose of expenditure		Reimbursement from political contributions intended
	ATTACH ADDITIONAL COPIES OF THIS FORM AS	NEEDED	

Texas Ethics Commission

1-800-325-8506

he Instructio	N GUIDE explains how to complete this form.	1 Total pages Schedule H	1 .
ILER NAMI	E	3 ACCOUNT # (Ethics Co	mmission filers)
Date	5 Business name	7	Amount (\$)
	6 Business address. City, State; Zip Code		
Purpose of pa	yment	9 ← Complete if direct expenditure to be Candidate + Officen-older name	nefit C/OH ↔ Office sought (held
Date	Businessiname		Amount (\$)
	Business address (21, State; Zip Code		
Turpose of pa	ayment	← Complete if direct expenditure to be Candidate - Officeholder name	nefit C/OH •• Office sought the d
Date	Business name		Amount (\$)
	Business address. City State, Zip Code		
 Purpose of p	ayment	→ Complete if direct expenditure to be Candidate + Officenolder name.	enefit C/OH •• Ofice sought - held
Date	Business name		Amount (\$)
	Business address: Oity: State: Zip Code	•	
	cayment	Complete if direct expenditure to b Candicate - Officeholder name	penefit C/OH •• Office sought / held

Austin, Texas 78711-2070

P.O. Box 12070 NON-POLITICAL EXPENDITURES SCHEDULE ! MADE FROM POLITICAL CONTRIBUTIONS 1 Total pages Schedule I The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME Date 5 Payee name 8 Amount (\$) City; State; Zip Code 6 Payee address; 7 Purpose of expenditure Date Payee name Amount (\$) City; State; Zip Code Payee address; Purpose of expenditure Date Payee name **Amount** (\$) Payee address; City; State; Zip Code Purpose of expenditure Date Payee name Amount (\$) Payee address; City: State: Zip Code Purpose of expenditure Date Payee name Amount (\$) Payee address; City; State; Zip Code Purpose of expenditure

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Revised 1997

The Instruction	on Guide Mains how to complete this form.	1 Total pages Schedule K:	
FILER NAM		3 ACCOUNT # (Ethics Commission filers)	
Date	5 Payor name	8 Amount (\$)	
	6 Payor address City, State; Zip Code		
	7 Reason for credit		
Date	Payor name	Amount (\$)	
	Payor address: City State; Zip Code		
	Reason for credit		
Date	Payor name	Amount (\$)	
	Payor address; City, State; Zip Code		
	Reason for credit		
Date	Payor name	Amount (\$)	
	Payor address. City; State; Zip Code		
	Reason for credit		
Date	Payorname	Amount (\$)	
	Payor address. City State, Zip Code		
	Reason for credit		

Tex	cas Ethics	s Commission	P.O. Box 12070	Austn, Texas 78711-2070	(512) 463-5800	1-800-325-850
				OLDER REPORT: AL REPORT	FORM C/O	H - FR
				how to complete this form. C/OH page 1 is marked "Fina	l Report" ↔	
1	C/OH I	NAME JEFF	NEY W.	Hall	2 ACCOUNT #(Elm	cs Commission filers)
3	SIGN	ATURE				
	a rep	port as a final repo	rt terminates my cam	s or political expenditures in connection of paign treasurer appointment. I also unless without a campaign treasurer appoin	inderstand that I may not accept a	ny campaign
4			AN OFFICEHOL	— 		
	Α.	CAMPAIGN FU	NDS			
	Chec	k only one:				
		I do not have une:	xpended contributions	or unexpended interest or income earne	ed from political contributions	
	d	convert unexpend also understand the or unexpended in understand that I	ed political contribution hat I must file an annua terest or income earne must dispose of une	pended interest or income earned from positions or unexpended interest or income earlier report of unexpended contributions and on political contributions longer than expended political contributions and une interest of Election Code, § 254-204.	rned on political contributions to per d that I may not retain unexpended of six years after filing this final repor-	rsonal use. I contributions t. Further, I
	В.	ASSETS				
	Chec	k only one:				
		I do not retain ass	ets purchased with po	litical contributions or interest or other in gurhand are right, this	come from political contributions.	
		I do retain assets p may not convert a	purchased with politica ssets purchased with dand that I must dispos	Il contributions or interest or other incom political contributions or interest or othe se of assets purchased with political con	e from political contributions. I unde ir income from political contributions	to personal
5	OFFIC	EHOLDER			_ <u> </u>	

Complete this section only if you are an officeholder ↔

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file.

Signature of Officeholder